

CITY OF NEW HAVEN UTILITIES

AUTO PAYMENT AUTHORIZATION

815 Lincoln Highway East/ P.O. Box 570

New Haven, IN 46774

(260)748.7050

How **Auto Debit** works:

*Before beginning this program, any balance must be paid in full.

*Your account will be debited on the 7th of each month. If the 7th falls on a weekend or holiday, the debit will occur on the following business day. It is your responsibility to have sufficient funds in your account on the day of the debit. You will be charged \$25.00 if your payment is returned for non-sufficient funds. In addition, your **Auto Debit** privileges will be terminated after two payments are returned in a 12-month period.

*A voided check **MUST** be provided to us. The funds can be transferred from your checking or savings account.

Auto Debit Application

New Haven Utilities Account# _____

I authorize the City of New Haven Utilities and the financial institution listed below to debit my account for payment of my City of New Haven Utilities bill.

CUSTOMER NAME (as on bill) _____

☐ RENTER/ ☐ OWNER

SERVICE ADDRESS _____

MAILING ADDRESS _____

PHONE NUMBER _____

FINANCIAL INSTITUTION NAME _____

CHOOSE ONE:

CHECKING ACCT# _____ SAVINGS ACCT# _____

FINANCIAL INSTITUTION ROUTING (ABA) NUMBER _____

CUSTOMER SIGNATURE _____ DATE _____